

Foster Family Home - Corrective Action Report

Provider ID: 1-525214

Home Name: Rosario Nivera, RN

Review ID: 1-525214-5

920 Laki Road

Reviewer: David Ayling

Honolulu

HI 96817

Begin Date: 9/30/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 9/30/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.

David Ayling
Compliance Manager

Rosario Nivera
Primary Care Giver

9/30/19
Date

9/30/19
Date